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| **NHS GGC Community Pharmacy** |
| **Alcohol and Drug Recovery Service (ADRS) Contact Form**  |  |  |
|   |
| Date  |  |
| Pharmacy Name |   |
| Pharmacy Address |   |
| Telephone |   |
| Staff name |   |
| **Patient Details** |
| Patient Name |   |
| CHI |   |
| **ADRS Team** |  |
| **ADRS Medications** |
| Medication  |  |

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| --- |
| **Query Details** |
| Urgency |  |
| Prescription Start Date |   |
| Prescription End Date |   |
| Last Collection Date |   |
| No. of missed doses? |   |
| Query Details (complete brief summary below) |
|  |

**This form is not a substitute for telephone communication. The pharmacy clinical mailbox must be used to email communication.**